



San Bernardino County
Solid Waste Management
222 West Hospitality Lane, Second Floor
San Bernardino, CA 92415-0017
(909) 386-8701 - FAX (909) 386-8900



PERMIT

Permit Issued: _____ **Permit Expires:** _____ **File:** _____

Permit No: _____

Permittee: _____ **Filing Fee:** \$640.00

Borrow Inspection Fee: _____
(Nonrefundable) TOTAL: _____

Contact/Phone: _____

Permit Activity: _____

Premises: _____

Location: _____

Permit Site: _____

City/Community: _____

1. The proposed permit activity shall be in accordance with the Plans (Exhibit "A"), and the Special, Standard and General Provisions, all of which are attached and made a part of this permit.
2. **AT LEAST 48 HOURS NOTICE SHALL BE GIVEN TO THE SOLID WASTE MANAGEMENT DIVISION BEFORE STARTING ANY WORK UNDER THIS PERMIT.** Contact SWMD Representative _____ (name) _____, (title) at () - ; failure of notification is cause for revocation of this permit.
3. This permit, or a certified copy thereof, shall be kept at the job site throughout the period of operations within the Permit Site and shall be shown to any SWMD Representative, Regulatory Agent or any law enforcement officer upon demand. Exercise of this permit shall indicate acceptance of and agreement to comply with all provisions included herein. Violation of any provision shall be cause for immediate revocation of permit.

PERMITTEE'S ACCEPTANCE:

Signature by the Permittee or Permittee's Authorized Agent of this
Permit shall indicate acceptance of all of the provisions of the permit.

Permittee's Signature _____ Date _____

PRINT _____

TITLE _____

SWMD APPROVAL:

VANA R. OLSON _____ Date _____

Director, Department of Public Works